UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden

Name of Offering (check if this is an amendment a	nd name has changed, and indic	ate change.)			
Sale of Secured Convertible Promissory Notes	and Warrants and any pi	referred stock or com	mon stock issuabl	e upon conversion thereof	
Filing Under (Check box(es) that apply): . Rule 50-	Rule 505	Rule 506	Section 4(6)	☐ ULOE	
Type of Filing: ☐ New Filing ☐ Ame	endment				
	A. BASIC IDENTIF	ICATION DATA			
1. Enter the information requested about the issuer.					
Name of Issuer (check if this is an amendment and	name has changed, and indicate	change.)			
Remend, Inc.		,	•		
Address of Executive Offices	(Number and Street	, City, State, Zip Code)	Telephone Numbe	r (Including Area Code	
951 Mariners Island Blvd., Suite 400, San Ma	teo, CA 94404) 1	(650) 931-3300		
Address of Principal Business Operations	(Number and Street	, City, State, Zip Code)	Telephone Numbe	r (Including Area Code)	
(if different from Executive Offices)	·	PR(CESSED		
Brief Description of Business		1	K		
Default management software		DE	C 2 6 2006		
Type of Business Organization	• • • •	ĆΕ	OMSON	-	
☑ corporation ☐ limite	d partnership, already formed	oti բա լք	VANCIAE):		
☐ business trust ☐ limite	d partnership, to be formed	'i**	WINDIAL		
Actual or Estimated Date of Incorporation or Organiza Jurisdiction of Incorporation or Organization:	Month tion: 1 2 [(Enter two-letter U.S. Postal S CN for Canada; FN for other t	ervice Abbreviation for S		Sstimated	
CENERAL INSTRUCTIONS	•	l l		ζ. •	

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

Each beneficial ownEach executive offic	issuer, if the issuer her having the power to	has been organized within the pa to vote or dispose; or direct the vi- porate issuers and of corporate g	ote or disposition of, 10% or		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer		General and/or Managing Partner
Full Name (Last name first, Morrison, Donald	if individual)		•		
	ess (Number and S	treet, City, State, Zip Code)	1		· · · · · · · · · · · · · · · · · · ·
	-	d., Suite 400, San Mateo, C	CA 94404		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Kuhling, Rob	if individual)		!		
		treet, City, State, Zip Code) 1, Suite 150, Menlo Park, C	California 94025		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Bevilacqua, Tom	if individual)			· · · · · · · · · · · · · · · · · · ·	
		treet, City, State, Zip Code) n Drive, Suite 130, Redwoo	d Shores, CA 94065		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, Silverman, Arnold	if individual)				
	•	treet, City, State, Zip Code) d., Suite 400, San Mateo, C	CA 94404		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Lucien, Richard	if individual)	1			
		treet, City, State, Zip Code) d., Suite 400, San Mateo, C	CA 94404		· ·
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, ONSET IV, L.P.	if individual)	· ——			
Business or Residence Addi	ress (Number and S	treet, City, State, Zip Code)			,
2400 Sand Hill Road, Suite	e 150, Menlo Park	, California 94025	<u>, </u>		. <u> </u>
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				· · · · · · · · · · · · · · · · · · ·
Arrowpath Venture Partn				<u> </u>	····
	ress (Number and S , Redwood Shores	treet, City, State, Zip Code)			

THE PROPERTY OF THE PARTY OF TH	े : 💎 By स्ट्राक्ट प्रियं क्या होता है।	MIGNAMOZIDVABY		
Enter the information requested for the follo Each promoter of the issuer, if the issuer ha		st five years:		
Each beneficial owner having the power to			nore of a class of ed	juity securities of the issuer:
Each executive officer and director of corpo				
 Each general and managing partner of partn 	ership issuers.	1		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		1		
Patterson, Jesse	ant City State 7in Code)			
Business or Residence Address (Number and Str 2864 Honeysuckle Way Sacramento, CA 9582		Ü		
Check Box(es) that Apply: Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Kastell, Eric				<u> </u>
Business or Residence Address (Number and Str 103 Wolf Point Court, Folsom, CA 95630	eet, City, State, Zip Code)			
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or
				Managing Partner
Full Name (Last name first, if individual)				
Chavez Family Trust, dated July 24, 2000				
Business or Residence Address (Number and Str	eet, City, State, Zip Code)	1		
c/o Remend, Inc. at 951 Mariners Island Blvd.	, Suite 400, San Mateo, C	A 94404		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Str	eet, City, State, Zip Code)			
		<u> </u>		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		1 .		
Business or Residence Address (Number and Str	eet, City, State, Zip Code)		٠.	,
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	· · · · · · · · · · · · · · · · · · ·	:		
Business or Residence Address (Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Str	eet, City, State, Zip Code)			
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	•	1,				1			1 1			Yes	No
1. H	as the issue	r sold, o	r does the is	ssuer inten		non-accrec			•			. 🗆	\boxtimes
Answer also in Appendix, Column 2, if filing under ULOE.													
2. What is the minimum investment that will be accepted from any individual?											\$ Yes	N/A	
3. D	oes the offe	ering per	mit joint ov	vnership o	f a single u	nit?						⊠	No
	'					o has been	•					_	-
^ c	ommission	or simil	ar remuner	ration for	solicitatio	n of purcha	asers in co	nnection w	ith sales	of securitie	s in the	'	
						on or agent dealer. If n							
						the informat							
Full N	ame (Last r	ame firs	t, if individ	ual)									
Busine	ess or Resid	ence Ado	dress (Num	ber and St	reet, City,	State, Zip C	ode) .		1			:	
Name	of Associat	ed Broke	er or Dealer	-									
						Solicit Purch	nasers		į,				
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Full N	ame (Last n	ame first	t, if individu	ual) ,			<u>:</u>	,	-1				
Busine	ss or Resid	ence Ado	dress (Numi	ber and St	reet, City,	State, Zip C	ode)						
Name	of Associat	ed Broke	er or Dealer										
						Solicit Purch			İ				
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Rucine	es or Resid	ence Ado	tress (Num	her and St	reet City 9	State, Zip C	nda)		<u> </u>			<u> </u>	
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Name	of Associat	ed Broke	er or Dealer			•			1 '			·	•
						Solicit Purch			1 '		-		
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1	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSE	S AND USE OF	PR	OCEEDS · ; .	,	
1.	Enter the aggregate offering price of securities included in this offering and the total amore Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check indicate in the columns below the amounts of the securities offered for exchange and already exchange are already exchange and already exchange are already exchange and already exchange and already exchange are already exchange and already exchange are already exchange.	this box 🔲 and				
	Type of Security	1	(Aggregate Offering Price	Aı	nount Already Sold
	Debt		\$	6,000,000.00	\$	3,600,000.00
	Equity	***************************************	\$		\$	
	☐ Common ☐ Preferred				_	
	Convertible Securities (including warrants)		\$		\$	•
	Partnership Interests				_	
	Other (Specify)	,	¢		•	,
	Total		\$	C 000 000 00	φ -	2 (00 000 00
	Answer also in Appendix, Column 3, if filing under ULOE.	***************************************	Þ	6,000,000.00	3 -	3,600,000.00
	Allswei also in Appendix, Column 3, it timing under OLOC.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the magnetic who have purchased securities and the aggregate dollar amount of their purchases on the total answer is "none" or "zero."	number of persons		. 1		
		1		.	10	Aggregate
				Number Investors		ollar Amount of Purchase
	Accredited Investors	!		3	\$	3,600,000.00
	Non-accredited Investors	1	_	0	\$ - \$	5,000,000,00
	Total (for filings under Rule 504 only)		_	0	\$ - \$	0.00
	Answer also in Appendix, Column 4, if filing under ULOE.	,	_		* -	
	This wor also in Appendix, Column 4, it thing and of OBOB.	T.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior securities in this offering. Classify securities by type listed in Part C — Question 1.					
	Type of Offering			Type of Security	D	ollar Amount Sold
	Rule 505	· · · · · · · · · · · · · · · · · · ·		Security	\$. Solu
•	Regulation A	•	_		\$.	
	Rule 504	•	_		\$	
			_		\$	0.00
	Total	***************************************			» -	0.00
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of this offering. Exclude amounts relating solely to organization expenses of the insurer. The begiven as subject to future contingencies. If the amount of an expenditure is not be estimate and check the box to the left of the estimate.	e information ma	у			
	Transfer Agent's Fees				\$	
	Printing and Engraving Costs	•			\$	
	Legal Fees	:		\boxtimes	\$	12,000.00
	Accounting Fees				\$	
	Engineering Fees	•		$\bar{\Box}$	\$	
	Sales Commissions (specify finders' fees separately)			$\bar{\Box}$	\$	
	Other Expenses (identify)				\$ -	
	Total			\boxtimes	\$ - \$	12,000.00
				الأبكا	*	##,UVV•VU

Đ,	G OFFERING PRICE, NUMBER OF INVESTORS FEXTENSES AND	USE OF P	ROCHEDS	经验证证
	b. Enter the difference between the aggregate offering price given in response to Part C — Questotal expenses furnished in response to Part C — Question 4.a. This difference is the "adjuproceeds to the issuer."	isted gross		\$5,988,000.00
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be use of the purposes shown. If the amount for any purpose is not known, furnish an estimate and che to the left of the estimate. The total of the payments listed must equal the adjusted gross processissuer set forth in response to Part C — Question 4.b above.	ck the box	Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	[\$\$	\$ 0.00
	Purchase of real estate		\$ 0.00	\$ 0.00
	Purchase, rental or leasing and installation of machinery and equipment		\$\$	\$\$
	Construction or leasing of plant buildings and facilities	[\$\$	\$\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		□ \$ <u>0.00</u>	
	Repayment of indebtedness	[□\$0.00	\$0.00
	Working capital	[\$0,00	\$ 5,988,000.00
	Other (specify):		3 \$ 0.00	□ \$ <u>0.00</u>
Co	lumn Totals	[□ \$ <u>0.00</u>	⊠ \$ 5,988,000.00
	Total Payments Listed (column totals added)		⊠ \$. 5,988,000.00

	17. E.MO. K				1,000
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The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	T 1	Date
Remend, Inc.	3		December ₹, 2006
Name of Signer (Print or Type)	Title or Signer (Print or Type)		
Ric Lucien	Chief Financial Officer	<u>.</u>	

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18. U.S.C. 1001.)

模。		E. STATE SIGNAT	URE	######################################	* *
	· · · · · · · · · · · · · · · · · · ·	i	1 1	Yes N	Vo
1.	Is any party described in 17 CFR 230.262 p	resently subject to any of the disqu	alification provisions of such rule?	. 🗆 . (\boxtimes
		See Appendix, Column 5, for s	tate response.		
2.	The undersigned issuer hereby undertakes to (17 CFR 239.500) at such times as required		of any state in which this notice is filed	l a notice on Form D	
3.	The undersigned issuer hereby undertakes offerees.	to furnish to the state administrate	ors, upon written request, information	furnished by the issu	ier to
	The undersigned issuer represents that the is Offering Exemption (ULOE) of the state in has the burden of establishing that these con issuer has read this notification and knows to authorized person.	which this notice is filed and under ditions have been satisfied.	rstands that the issuer claiming the avai	lability of this exempt	
Issu	er (Print or Type)	Signature	Da	ıte	
Ren	nend, Inc.		De	есеmber 5 , 2006	
Nar	ne (Print or Type)	Title (Print or Type)	,	,	
Ric	Lucien	Chief Financial Officer	į ,		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.



1 1	2		3		,	4		1	3	
1 . ! !	Intend t	o sell to	Type of security and aggregate					Disqualification under State UL (if yes, attach		
# ·		redited in State Item 1)	offering price offered in state (Part C-Item 1)		amount purc	ivestor and hased in State -Item 2)		explanation of waiver granted) (Part E-Item 1)		
			Sale of Secured Convertible Promissory Notes and Warrants and any preferred stock or common stock	Number of		Number of		Ī		
State	Yes_	No	issuable upon conversion thereof	Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No	
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APPENDIX

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,	Intend to sell to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price instate (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)		
Shada		No	Sale of Secured Convertible Promissory Notes and Warrants and any preferred stock or common stock issuable upon conversion thereof	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
State: MO	Yes	NO	Conversion thereof	IIIVESIOIS	Amount	Investors	Amount	ics	110	
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APPENDIX	4		1.4
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	Intend to sell to non-accredited investors in State		Type of security and aggregate offering price offered in state	Type of investor and amount purchased in State				Disqualification under State ULOE (if yes, attach explanation of waiver granted	
<u> </u>	(Part B-Item 1)		(Part C-Item 1)	(Part C-Item 2)				(Part E-Item 1)	
State	Yes	No	Sale of Secured Convertible Promissory Notes and Warrants and any preferred stock or common stock issuable upon conversion thereof	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY	1			:				,	
PR			·		-				